RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

ery

Vill	lage or City Burkittsvill (No.)	St.; Ward) [It death occurred a hospital or institution give its NAME instead of street and number of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
381	emale White Single, MARRIED WIDOWED. On Divorced (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased f
6 D/	Month) (Day (Year)	that I last saw h alive on
7 AC		and that death occurred on the date stated above, at
	Trade, protession, or (marc)	- Charles for the formand of the same of t
(b) busi	rticular kind ot work	(Duration) yrs. mos.
par (b) bus whi	rticular kind of work	
par (b) bus whi 9 B1	General nature of industry, Iness, or establishment in the employed (or employer) THPLACE (State or country) TONAME OF FATHER THE BIRTHPLACE OF FATHER (State or country) Teld, lon The property of the p	Contributory Secondary (Duration) yrs mos (Signed) Julia (Address) Authorities A
par (b) bus whi	Includer kind of work General nature of industry, Iness, or establishment in the employed (or employer) RTHPLACE (State or country) Thed, lea 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Thed, lea,	(Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signe
PARENTS IN STATE OF THE STATE O	10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 15 MAIDEN NAME 16 MOTHER 17 BIRTHPLACE 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 BIRTHPLACE	Contributory Secondary (Buration) *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Acci Tal, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transit or Recent Residents) At place In the of death yrs. mos. ds. State yrs, mos. Where was disease contracted, if not at place of death? Former or
PARENTS DARENTS 14 T (4)	Included kind of work. General nature of industry, Iness, or establishment in the employed (or employer) THPLACE (State or country) TIONAME OF FATHER INDUSTRIBUTE INDUSTRIBUTE OF FATHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Buration) (Signed) *State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Acci Tal, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transit or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted, If not at place of death?

STATE OF MARYLAND

12443

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have uo occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

sepsis, tetanus) may be stated under the head of "Contributory:" (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coutheuia," "Auaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine defluitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustiou," Never report For vio-



state 12444 CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or institution. RECORD give its NAME Instead of street and number.] Mary C. Akers PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, Widowed (Write the word) I HEREBY CERTIFY. That Lattended deceased from E OF BIRTH (Dav 7 AGE If LESS than and that death occurred on the date stated above, at 10 45 7m. 1 day,.....hrs. The CAUSE OF DEATH* was as follows: properl BOCCUPATION (a) Trade, profession, or INK (b) General nature of industry, business, or establishment in may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary that 10 NAME OF FATHER (Signed) 0 N R G L back PARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. of information si DEATH in plain See Instructions plain 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country PO Every item CAUSE OF important. usuat residence 15 20 UNDERTAKER REGISTRAS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. causing dearn, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy." ample: Mearles (disease enusing death), 29 ds.; Bronchopnes and condary) 10 ds. Never report mere sympanic to ecomony conditions, such as "Asaffection need not be stated unless important. Example: Meaning death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (Recommendations on statement of (secondary or intercurrent)



PLACE OF DEATH 12445	STATE OF MARYLAND
course Frederick / 100	CERTIFICATE OF DEATH
County Wall	Registration Dist, No.
Village or City Christian Bridge (No. 1)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME La C. 13 a	ng
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH 7 1913 (Month) (Day 1913 (Year) 17 . I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH 8 - 11 - 187	July 1913, to supp , 1913,
(Month) (Day (Year) AGE If LESS than	that I last saw h alive on 7 191.3
7 AGE If LESS than f day,hrs.	and that death occurred on the date stated above, at
yrsds, ORmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or	but manyen gland
particular kind of work.	2 UB
(b) General nature of Industry, business, or establishment in	(n) 2
which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Correl 60 20	Secondary Secondary
10 NAME OF FATHER Softhawel. M. Flickings	(Signed) (Duration) yrs mos. ds.
O II DIPTURIAGE	9-19-, 1913. (Address) Union Bridge
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER AMUES STATEMENTS	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Amies I wower Sol	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Corroll Co W.A.	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) lexiter Bariege	Former or usual residence.
(Address) Union Bridge Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed 9/13: 191 3 Leslis Offerfor	29 UNDERTAKER (ADDRESS SLUGGE MICH.
D'ybute REGISTRAR	rank I surviver
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecfirst live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman."

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

canse. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for ture of the Americau Medical Association.) such, if impossible to determine definitely. Examples: childbirth or miscarriage as "PUERPERAL septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia,":"Auaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sareoma, etc., of..... (uame origiu; "Canis less defiuite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (secondary or intercurrent) "Dropsy," death), "Exhaustion," Never report 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 4 1913
BUREAU, V.S.

County Ful. 12446	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 100
Village or City Della (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, OROIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 J HEREBY CERTIFY. That I attended decreased from
(Month) (Day) (Year) (AGE (Month) (Day) (Year) (AGE (day,hrs.	that I last saw he alive on for the date stated above, at m, The CAUSE OF DEATH * was as follows:
yrs. 6 mos. Z ds. ORmin.? 3 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. of
(State or country) Men Jerany	(Secondary) (Direction)
10 NAME OF FATHER DESIDE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (STATE OF MOTHER OT MOTHER OF MOTHER OF MOTHER OT MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) / dun's Com R	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

1

ż

S. No.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-('all it should be used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," such, if impossible to determine definitely. childbirth or miscarriage, as "Purrperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerpeeal peritonitis," etc. State cause for "Collapse." "Come," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senfle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:



STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asinjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of The nature of the Never report Ex-



PLACE OF DEATH 12448	STATE OF MARYLAND CERTIFICATE OF DEATH
County Tacderick	Registration Dist. No. 131
VIIIage or City Frederich (No. 5/9,	This ward (It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Colored (Write the word)	16 DATE OF DEATH Sefa 19, 1913 (Month) (Day (Year)
DATE OF BIRTH	that I last saw have alive on Sept. 10 1913
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12 30 A m The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, protession, or particular kind of work.	Intertual hemorrhage
(h) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Duration) yrs mos de Secondary
OFFATHER GEORGE Barnes	(Signed) 6.5. (Address) 100-E5 5.
OFFATHER (State or country) Carefound 12 Maiden NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mangland	At place in the ot deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mars Cassie Basnes	Where was disease contracted, if not at place of death?
16 Filed 11 Sept 1918 Dr Sha & Michael	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL See Marial Company Compa
PEGISTREP	Shomas T. Thice Frederick strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping eough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canvalvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of Injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUBY and qualify us which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

an Brooked



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

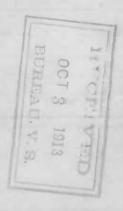
PLACE OF DEATH 12449	STATE OF MARYLAND
Al. Mari	CERTIFICATE OF DEATH
County fra alexander	Registration Dist. No. 134
VIIIage or City Emmilster (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	16 DATE OF DEATH 28 ,191-3 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I isst saw h alive on Acf 14 , 1912.
⁷ AGE If LESS than	and that death occurred on the date stated above, at FP
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	The CAUSE OF DEATH* was as follows: Special from for detune at the Joseph (Duration) vrs. 6 mos. ds.
which employed (or employer) 9 BIRTHPLACE (State or country) 1 Polland	Contributory Jule 1 from Diorecture Secondary Life Joriel (Duration) yrs / mos. ds.
10 NAME OF FATHER William Gordan	(Signed) John B. D. M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Grelievel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECKIT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted,
(Interment) This Mary Bassy	It not at place of death? Former or usual residence
(Address) Commissioned Mill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed & off 30, 191 3 The Shuff	20 UNDERTAKER ADDRESS Sumuls fines
If more blanks are needed, address State Regist	trar. 6 & Franklin St., Balto., Regresting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise specicated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm taborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mitt; (a) Satesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman,"

causing death (the primary affection with respect to ("Pneumonia," pneumonia"); tlmc aud causation), using always the same accepted "Croup";) term for the same disease. fever (the only definite synouym is Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., Carcin meningitis"): Typhoid fever (never report "Typhold Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercu-Diphtheria Examples: Cerebrospinal "Epidemic cere-(avoid use

> theuia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbotic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convilsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: affection need not be stated unless important. valvutar heart disease; Chronic interstitiat nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Coutributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revotver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 2 FOR PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN

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PLACE OF DEATH 12450	STATE OF MARYLAND
County Josephinek	CERTIFICATE OF DEATH
Village or City & Frederick (No. 130)	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That attended deceased from 1913, to 1913
	The CAUSE OF DEATH'S Was as follows:
(a) Trade, protession, or Eduta particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PRIRTHPLACE (State or country) Fuderick Add	Contributory arlerio Aclerosis (Secondary) (Duration) × yrs × mos × ds
of FATHER John W. Baughman 11 BIRTHPLACE OF FATHER (State or country) Fred. bo. Ald Inc. 12 MAIDEN NAME OF MOTHER OF MOTHER 10 NAME OF COUNTRY 11 BIRTHPLACE OF FATHER OF FATHER 12 MAIDEN NAME OF MOTHER 12 MOTHER 13 MOTHER 14 THE COUNTRY 15 MOTHER 16 THE COUNTRY 17 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 1	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Fred, by, Md dra. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. The day.	18 LENGTH OF RESIDENCE (FOR HDAPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Filderick Ma 16 Filed / S. Sept., 1918 D. S. S. J. Million Refuser Refuser 15 more blanks are needed, address State B	St. Shus Cernitary Sept 20 1813

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfuimine, etc. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at liome, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 Examples: For vio-



	PLACE OF PEATH, 12451	STATE OF MARYLAND
Go	Junty Mederick	CERTIFICATE OF DEATH
	1 71	Registered No.) 44
Vi	illage or City Thurmout (No.	St; Ward) [If death occurred a hospital or Institution give its NAME Instead
	* FULL NAME Tathleen Meter	de Search ef street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	Curale Hule Single, Married, Widowed, Suigle (Write the word)	16 DATE OF DEATH Seflently & 32, 1913 (Month) (Day) (Year)
DA	ATE OF BIRTH Detoly 102, 1882	that I last saw her alive on Alph 222 1913
AG	(Month) (Day) (Year) If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 10.45-7.m. The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or Ausie Teacher ticular kind of work	Sucete 21.8
busir whic	General nature of Industry, ness, or establishment in the employed (or employer)	Contributory Quintile Kelled by Pracio
(St	RTHPLACE ate or country) Mary Paul	(Secondary)
	10 NAME OF Martin To Beard	(Signey) (Duration) yrs mos ds
RENTS	OF FATHER (State or country) Called a Black	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAF	13 BIRTHPLACE 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	(State or country) Many Land	At place In the of death yrs, mos, ds, State yrs, mos, ds Where was disease contracted.
	Informant) III A BEATH	If not at place of death? Former or Usual residence.
15	(Address) Thurmout MM	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Middlelown Wd Septs 26, 1913
15 File	ept. 26, 1913 annas M. Jones	20 UN DERTAKER ADDRESS
		ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the nrsease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childhirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 de.: cer" is less definite; avoid use of "Tumor" for maileture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably sulcide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vro-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senife." etc.), "Dropsy," (Recommendations on statement of (secondary or Intercurrent) (name origin: "Can-State cause for "Exhaustion," Never report Examples:



If more blanks are

2453

1 PLACE OF DEATH

state

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 154

I'll dooth occurred in

la Bi	St.; Ward)	a hospital or Institution, give Its NAME Instead of street and number.]
CULARS	MEDICAL CERTIFICATE OF	DEATH
- 1/	16 DATE OF DEATH	9 1913
meter a	(Month)	(Day (Year)
e word)	17 I HEREBY CERTIFY, That La	ttended deceased from
	try 20, 1918, to July	1913,
1833	that I last saw h. Sa alive on Self	9 1913
y (Year)		. 10
If LESS than 1 dayhrs.	and that death occurred on the date stated a	bove, atm,
ds. ORmin.?	The CAUSE OF DEATH* was as follows:	*
0-		V-11
Le de	Conformer Than	Orester
	(Duration)	yrs mos ds.
		tour!
// -/	Secondary	
and	(Duration)	yrsds.
onD.	(Signed) Shall Sha	et M. D.
" Claim	P	and later 1
	11/4 11 3 (Address) 1973	LODO JAG
ner	*State the DISEASE CAUSING DEATH, or, I CAUSES, state (1) MEANS OF INJURY; and TAL, FUICIDAL, OF HOMICIDAL.	in deaths from Violent (2) whether Acciden-
-71 1		The second secon
Harbar	RECENT RESIDENCE (FOR HOSPITALS, IN	NSTITUTIONS, TRANSIENTS,
01	At place In the	
well	of death yrs, mos ds. State Where was disease contracted,	yrs ds
NOWLEDGE	If not at place of death?	
ll	Former or	
07	usual residence	
MI	PLACE OF BURIAL OR REMOVALING	DATE OF BURIAL
200	Gommelstenell &	of 12 , 191.15
Amy	20 UNDERTAKER	ADDRESS
REGISTRAN	M.F. Shuff	minds burg
address State Regi	strar, 6 D. Franklin St., Balto., Remerting V. S.	No. 1

[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness." valvular heart disease; Chronie interstitial nephritis, sepsis, tetanus) may be stated under the head ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septiehae "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouehopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Senile," etc.), The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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IAN	UP	
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1 PLACE OF DEATH

Hrederica

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

rederect (No. 522, N. Bents

a hospital or institution. give its NAME Instead of street and number.]

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, Senge 18 DATE OF DEATH MARRIED. WIDOWED. (Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) 7 AGE It LESS Than and that death occurred on the date stated above, at 1 -40 Am. 1 day.....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAMI 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place MOTHER ot death yrs. mos. ds. State yrs. ____ mos. ... Where was disease contracted, It not at place of death? ... Former or usual residence. DATE OF BURIAL 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

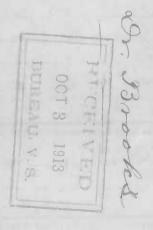
20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



m ż

	PLACE OF DEATH 1 1 A 4 1 4	STATE OF MARTLAND
	Treelerick	CERTIFICATE OF DEATH
Gol	unty Meacute	Paristration Dist No. 1/30
	le o o o	Registration Dist. No
Viii	lage or City Tarfield (No.	[If death occurred in
A 111	age of City	St.; Ward) a hospital or institution,
	6 10. 10	give its NAME Instead of street and number.]
	FULL NAME COTCElla A Dr	randenburg
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
1	MARRIED, married WIDOWED,	(Month) (Day (Year)
V.	emale While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	may 21, 1913, to Seft 4, 1913,
	aug 31 1859	, 1917., to 65.7., 191.0.,
7 A C	(Month) (Day (Year)	that I last saw her alive on Delpt 3,1913
· A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3 -102, m,
	2 4 yrs Q mas 4 ds OR min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	
/ 1		Cancer of The Liver
pai	Tracelar kind of work.	
	General nature of Industry, iness, or establishment in	(Duration) yrs 9 mos ds.
Whi	ch employed (or employer)	, , , , , , , , , , , , , , , , , , , ,
9 BI	RTHPLACE (State or country)	Secondary Secondary
	mary land	(Duration) yrs mos ds.
	10 NAME OF FATHER	108 121
	Daniel Wolfe	(Signed), M. D.
TS	11 BIRTHPLACE	Defat 5, 1913 (Address) Welsville ma
Z	OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ARENTS	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Catherine Polyner	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country)	of death yrs, mos, ds. State yrs, mos, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	D. John P	If not at place of death?
((Informant) 100 13 24 mm Tyor	usual residence
	REAddress Smithsberry Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(AUUIOO)	
	1.11/5 2 la Payer	Gerfield, Mc Sept 7, 1813.
Fli		P. D 21 91
-	REGISTRAR	Teo, B. Hoover Smithsburg Ma
(II more planks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MADVI AND

19451

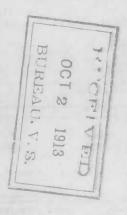
1 DI ACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report For vio-



12455

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the misease For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronie such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or misearriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection used not be stated unless important. oma, Sareoma, etc., of..... The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



Important. N. B.—Every Ite

V. S. No. 1.

PLACE OF DEATH 12456	STATE OF MARYLAND
County Frederich	CERTIFICATE OF DEATH
O 11	Registration Dist. No./43
Village or City Jefferson (No. ,	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDDWED,	16 DATE OF DEATH 26, 1913
Thurst white (Write the word)	(Wonth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191,
(Month) (Day (Year)	that I last saw h alive on ,191
⁷ AGE It LESS than	and that death occurred on the date stated above, at
1 day, hrs.	The CAUSE OF DEATH* was as follows:
B OCCUPATION	pp pp pa
(a) Trade, protession, or	Till Mot
particular kind ot work	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE A Candand.	Contributory Auskinson
Fro of (Ca. Workon Depter)	Secondary
10 NAME OF FATHER	(Signed) (Si
ray a chul	Cill 21 2 22 101 - 21
11 BIRTHPLACE OF FATHER (State or country) 12 Mailean Name OF MOTHER OF MOTHER	Address) Hellewood
(State or country) // Manylowe	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
OF MOTHER OF MICE B POST	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR HEGENT RESIDENTS)
OF MOTHER (State or country) Menylosecel	at place In the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Levy Q Click	Former or
O.M. mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	A DOTAL DATE OF BURIAL
Selta a M D 4 toli	20 UNDERTAKER ADDRESS
Flied Day 1918 Algorithm REGISTRAR	A. R. & Toligan Dellering

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, It is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemla," "Weakness," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genltal," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from death), 29 ds.; "Exhaustion,"



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certilicate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. 8. No. 1.

PEASE OF DEATH 019157	STATE OF MARYLAND		
Harden ela 1640	CERTIFICATE OF DEATH		
County.	Postervilles Dist No. 138		
J. 00 1	Registration Dist, No.		
Village or City tchrulle (No.	St.; Ward) [If death occurred in a hospital or legitivitien,		
D. C. P.	give its NAME lostead		
* FULL NAME Richard Lew	is Coughline of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Huite Single, Wistower, Wind the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 (Month) (Day) (Year)		
S DATE OF BIRTH (Month) (Day) (Year)	Seff 28, 1913, to Seff, 29, 1913, that I last saw hamalive on Seff 28, 1913		
7 AGE If LESS than	and that death occurred on the date stated above, at 6		
4 vre 5 mas 28 ds OR min?	The CAUSE OF DEATH* was as follows:		
J1 01.			
(a) Frade, profession, or Manual March	acute alcoholism,		
particular kind of work			
(b) Geoeral nature of industry, business, or establishment in	(Duration) yrs. mos. ds.		
which amplayed (or employer)			
State or country)	Gentributory (Secondary)		
Tracell 6,140	(Dystion) yrs mos ds.		
1D NAME OF Richard Thomas Cough	(Signed) Jos Il liamas MD		
o House Victoria Money Vigle	10/10 2 00-		
of FATHER PLACE	The second secon		
OFFATHER (State or country) Fredom Co, Va	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-		
of Mother Hame & W. Garage	TAL, SUICIDAL, OF HOMICIDAL.		
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
OF MOTHER (State or country) January	At place In the of death yrs mos ds. State yrs mos ds.		
14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,		
A il ad Carelli	If not at place of death?		
Informant)	osual residence.		
(Address) Juseanne Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
15	Truduily Oct 1 1913		
Filed Sett 38 1913 Tely & Iloulain	20 UNDERTAKER ADDRESS		
REGISTRAR	Gold Lections areby		
If more blanks are needed, address State Begistra	r, C E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerthe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative Mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purereral scottehac "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as -Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

PLACE OF DEATH 12408	STATE OF MARYLAND				
County Frederick	CERTIFICATE OF DEATH				
	Registration Dist. No. /52				
Vear Frederick (No.	[If death occurred in				
(NO	St.; Ward) a hospital or institution, give its NAME instead				
2FULL NAME Floyd J. Gramfiton of street and number.]					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH Seft 29, 1913. (Wonth) (Day (Year)				
Male White (Write the word)	17 / I HEREBY GERTIFY, That i attended deceased from				
6 DATE OF BIRTH	Slept 29, 1913, to Slept 29, 1913				
(Month) (Day (Year)	that I last saw hair allve on Slatt 29, 1913.				
7 AGE It LESS than	and that death occurred on the date stated above, at 2,/5 Pm				
26 yrs 11 mos 8 ds 0R min.?	The CAUSE OF DEATH* was as follows:				
8 OCCUPATION (a) Trade, profession, or	Progressian Baralisas				
particular kind of work. Same					
(b) General nature of Industry, business, or establishment in	(Duration) yrs 6 mos 4 ds				
which employed (or employer)	Contributory Candina Castluria				
9 BIRTHPLACE (State or country) Manueland	Secondary				
10 NAME OF OF FATHER OF	(Quaration) Lyrs Lyrs ZW65				
on 11 BIRTHPUACE	(Signed)				
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF in deaths from Victoria				
OF FATHER OF FATHER (State or country) Mandaud 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
(State or country) Magnetand	At place In the of death yrs mos ds. State yrs mos ds				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?				
(Informan Mass, fais 4: Coampton	Former or usual residence.				
(Address) Near Frederick, Wes	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL				
16. 9-20 3 & M. Garage	Mot. Olivet Core Oct 1913				
Filed 1910 Par Milliam Registrar	The opin to				
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations ou statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

La. B. a. Romae.

BURE U. T. S.

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	Tredenile	CERTIFICATE OF DEATH
Co	ounty Federal (Registered No. 153
	21-14 11	[If death occurred in
V	illage or City Fargersburg (No.	St.; Ward) a hospital or institution, give its NAME instead
	S	Course of street and number.]
	FULL NAME Volomon C.	with the second
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 51	MARRIED,	18 DATE OF DEATH Selon 9 1913
1	hale white (write the word)	(Month) (Day) (Year)
6 p	ATE OF BIRTH	17 I HEREBY CERTIFY, That I stended deceased from
	Jeme 11 1864	aug 9 1918, to Deple 1918,
	(Month) (Day) (Year)	that I ast saw h ke allve on Depl 7 , 1913
7 A		and that death occurred on the date stated above, at J-36 a.m.
	46 yrs 2 mos 28 ds OR min.?	The CAUSE OF DEATH * was as follows:
60	CCUPATION /	J. J
(a)) Trade, profession, or	Vyphord fever
	rticular kind of work	
bus	iness, or establishment in	(Ouration) yes / mos. ds-
	ich employed (or employer)	Contributory Cardiac embolis.
(S	tate or country) Halkewollo Fredk Co MA	(Secondary) (Quration) / yrs mos ds
	10 NAME OF FATHER	Vol. All
	Tolomen Crum	(Signed) At MICO Ca Comment of the Delivery of the Comment of the
NTS	11 BIRTHPLACE / / / / / / / /	913 (Address) 2100125000. Mg
LLI	(State or country) regener Co. 1119	/ State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
AR	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
Ω	Calharme / canode	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	John VI Her denum to d	If not at place of death?
	(Informant)	usual residence
	(Address) Salkersoule 8Hd,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	7 11.00	ht befe to de Town na sept. 10 , 1918.
Fil	ed Dept 30, 1913 J. A Miller	20 UNDERTAKER ADDRESS
.,,	REGISTRAR	Comment Borton Indherringer
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12459

1 PLACE OF DEATH

STATE OF MARYLAND

4 4 4 4 4

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the been changed or given up on account of the nistask (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples For persons "Foreman,"

Statement of cause of death—Name, first, the nibrase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tctanus) may be stated under the head of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpural septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maltyture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Never report Examples: For vio-



PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT AGE should be stated EXACTLY. BINDING of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. 4 FOR INK-THIS RESERVED UNFADING MARGIN WITH Every item of information should be CAUSE OF DEATH in plain terms, so PLAINLY. WRITE

See instructions on back of certificate.

Important.

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PLACE OF DEATH 12460		STATE OF MA	
County Frederick	I W	CERTIFICATE (OF DEATH
	/ N,	Registration Di	ist. No. / 3 3
Village or City 2 ~ Ereagentour (No.	s Darkin	St.;Ward	fif death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	- The state of the	MEDICAL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, OR DIVORCED (OR DIVORCED) (Write the word)	16 DATE OF DE	ATH Sign- (Month)	23", 1913 (Day) (Year)
6 DATE OF BIRTH (Month) (Day)	1832 (Year) that I last saw h	HEREBY GERTIFY, Ibat	1-22d
\$1	day hre	DEATH* was as follows:	above, at J Q m,
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	State Control of the	(Duration)	Lyrs. mos. ds.
9 BIRTHPLACE (State or country) Josh Co Pa	Gontributory (Secondary)	10 11 11 15	yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	State the D. CAUSES, state	1913 (Address) Lisease Causing Death, or, (1) Means of Injury; and or Homicidal.	In deaths from VIOLENT I (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) Do mol-kin	At place of death yrs.	mos. ds. State	INSTITUTIONS, TRANSIENTS, grs ds.
(Informant) Rule Rea Darfa	Where was disease of lf not at place of dear Former or usual residence	postracted, with?	*******************************
(Address) Thurse	MA 19 PLACE OF BU	JRIAL OR REMOVAL	DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

29 UNDERTAKER

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative ..eaithfuiwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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AGE should be stated EXACTLY. PHYSICIANS should a properly classified. Exact statement of OCCUPATION is RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. See instructions on back of certificate. WRITE PLAINLY, WITH N. B.—Every ltem of information should be CAUSE OF DEATH in plain terms. s. Important.

Very

1 PLAC	E OF DEATH	12461
County.	redivil.	16401

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vii	liage or City	Thew Law	ulou (No	- 4	y holk	t.;Ward)	[it death occurred in a hospital or institution, give its NAME instead ot street and number.]
	PERSON	NAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL C	ERTIFICATE OF	DEATH
35	EX n	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WO	771	16 DATE OF DEATH	(Month)	26,1913 (Day (Year)
6 D	ATE OF BIRTH	(Month)	(Day	, 1869 (Year)	that I last saw halive	, to	
TA	GE L	14 , 3	mos 1 5 ds.	If LESS than 1 day,hrs. ORmin.?	and that death occurred on The CAUSE OF DEATH* w		1
(a pa (b) bu:	CCUPATION 1) Trade, profession, articular kind of wor) General nature of siness, or establis alch employed (or er	k Industry, hment in	Muli	of the	Laudai	ullu	
ENTS	10 NAME OF FATHER 11 BIRTHPLA OF FATH (State or	try) Auce ER country)	Vid May Mid	haff	(Signed) (Signed) (Add *State the Disease Cau Causes, state (1) Means	Jordan Jes	yrs ds. M. D. Leach from Violent (2)
PAR	13 BIRTHPLA OF MOTH (State or THE ABOVE IS (Intormant)	GE CE CTE	tia La Tud TOF MY KNOW	LEDGE Traff	CAUSES, State (1) MEANS TAL, SUICIDAL, OF HOMICIE 16 LENGTH OF RESIDENCE OR RECENT RESIDENCE Of death	(FOR HOSPITALS, In the ds. State	NSTITUTIONS, TRANSIENTS,
16 Fl	(Address)	JAN 429	H. La	, les	19 place of Burial OR's		DATE OF BURIAL 28, 1913

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," merc symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e.g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichacgeuital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection uced not be stated unless important. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 (Recommendations on statement of State cause for "Exhaustiou," For VIO-



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Village or City Parmewille of To	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
Month) (Day (Year)	that I sest sew h & alive on slept 7 1913
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that desth occurred on the date stated above, at 3 .m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	he linete nometo
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mas. ds.
State or country) Samewill Ms	Secondary (Doration) yrs
FATHER Clysamur Vickson	(Signed) M. D. M. D. M. D. (Address) Clarksburg, Mil
State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Address) Langamu Wickson (Address) Barnesville, Md	Former or USUAI residence. 19 PLACE OF BUTIAL OR REMOVAL, DATE OF BURIAL 10 PLACE OF BUTIAL OR REMOVAL, 10 PLACE OF BUTIAL 10 PLACE OF BUTIAL
Filed, 191REGISTRAR	20 UNDERTAKER, ADDRESS, W. Veters araby, Md
It more blanks are needed, address State Regist	rar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of (name origin; "Can-The contributory (secondary or intercurrent) totanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Gounty Trederick 2463	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
2 FULL NAME Deak Doug	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH 71 72 73 73 75 75 77 77 77 77 77 77 77 77 77 77 77	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to 201, 27 1913
(Month) (Day) (Year)	that I last saw ham allve on Spr. 26, 1913
Fage If LESS than 1 day, hrs. or mos. 25 ds. or min.?	The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) South Museu	(Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER JON'X KNOW 11 BIRTHPLACE OF FATHER (State or country) Jon't KNOW 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Jesus J. Sordele, M. D. 129, 1913. (Address) Field wife 2nd State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden. Tal, Suicidal, or Homicidal.
of Mother Don't Know 13 BIRTHPLACE OF MOTHER (State or coupyr) Don't Know	18 LENGTH OF RESIDENCE (FOR HOSPITALB. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 3 yrs. 5 mos. 25 ds. State yrs. mos. ds
(informant) The Best of We wowledge (informant) The second of the Best of We wowledge (informant) The second of the Best of We wowledge (informant) The second of the Best of We would be second of the Best of the Be	Where was disease contracted, I not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 16 Filed 9. 79. 1913 J. M. Grodenan REGISTRAR	Monterver Hapitof Sept 30, 1913. 20 UNDERTAKER ADGRESS Voture Holico Indones
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (net pald Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons (d)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cblidbirth or miscarriage. as "Purrental scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthonla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all discases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



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Male

8 DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

particular kind of work. (b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

PLACE	OF	DEATH	

12464

County Frederick.

Village or City State Sanatorium. (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

Ilf death occurred in a hospital or institution. give its NAME Instead of street and number. I

FULL NAME William Bennett Downes.

MARRIED,

WIDOWED, Single ORDIVORCED (Write the word)

(Day

26th, 1851

(Year

if LESS th

OR.....min.

PERSONAL AND STATISTICAL PARTICULARS

September

(Month)

Teacher

Maryland

Bennett Downes

Mary S. Carter.

Maryland.

1617 Madison Ave. Baltimor

Public school

4 COLOR OR RACE

White

which employed (or employer)

(State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Wm. Bennett Downes.

MEDIO	AL CERTIFICATE O	F DEATH
16 DATE OF DEATH	September	, , , , , , , , , , , , , , , ,
17 I HERE	(Month)	(Day (Year) I attended deceased from
		ember 12th, 1913.
	, 191 0 , to <u>pepu</u>	amper Trong 1910.
that I last saw h.im	alive on Sept	ember 12th, 1913.
and that death occurre	d on the date stated	above, at 5:30 P. m
The CAUSE OF DEAT		
Pulmo	mary Tubercu	losis
	10-11-12	
000000000000000000000000000000000000000	(Duration)~.L.	yrsds
Secondary	101	2007000001.00000000000000000000000000000
	(Buration)	yrsds
(Cienad)	P. /N TUNE	May
(Signed)	P. N. FYW	
	(Address) State	
Sept. 12, 1913		Senatorium, Md. Senatorium, Md. , in deaths from Violen: nd (2) whether Acciden
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, OF HO	E CAUSING DEATH, OF IFANS OF INJURY; a DMICIDAL.	Sanatorium, Md.
*State the DISEASE CAUSES, STATE (1) N TAL, SUICIDAL, OF HO OR RECENT RESIDENT At flace	E CAUSING DEATH, OF IFANS OF INJURY; a MICIDAL. ENCE (FOR HOSPITALS S)	Sanatorium, Md., in deaths from VIOLEN, nd (2) whether Acciden
*State the DISEASE CAUSES, STATE (1) TAL, SUICIDAL, OF HOUSE OF RESIDENT AT PLACE OF GREEN TRESIDENT AT PLACE OF G	E CAUSING DEATH, OF IFANS OF INJURY; a MICIDAL. ENCE (FOR HOSPITALS S) In the nos	Sanatorium, Md., in deaths from VIOLEN, nd (2) whether Acciden
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*State the DISEASE CAUSES, STATE (1) B TAL, SUICIDAL, OF HO OR RECENT RESIDENT At place of death yrs2 m Where was disease contract if not at place of death?—Former or 161.	e Causing Death, or Irans of Injury; a micipal. ENCE (For Hospitals s) in the nos. 3. ds. State 7 Madison Ave	Sanatorium, Md. , in deaths from VIOLEN. nd (2) whether Accident .INSTITUTIONS, TRANSIENTS Lifetime. ds . Baltimore.

REGISTRAR If more blanks are needed, address State R

[Approved by U. S. Census and American Public Health Association.]

it should be used only when ueeded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (D)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified. Is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD

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PLACE OF DEATH 2465 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No It death occurred to St.:....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. CL (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from E OF BIRTH (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at t day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment la (Duration) which employed (or employer) Contributory.... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death _____ yrs. ___ mos. ___ State _____ yrs, ____ mos. Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL

94 191 3 Levie West REGISTRAR POUNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Realth Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has Farmer or Planter, (6)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasample: Mcasles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For viod8. :



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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH 12466	STATE OF MARYLAND	
County Traderiest	CERTIFICATE OF DEATH	
P1 1-1	Registration Dist. No. 12	
Village or City Werly Foron (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Hole Shiple, Married WIDOWED, ORDINGRED (Write the word)	16 DATE OF DEATH Sept. 3 794, 1913 (Month) (Day) (Year)	
BDATE OF BIRTH aug 23 1849	17 HEREBY GERTIFY, That I attended deceased from Mour assureded alive 191,	
(Month) (Day) (Year)	that I last saw hailve on, 191	
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,	
64 yrsmos. / O ds. OR. min.?	The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	medical and packed him	
business, or establishment in which employed (or employer)	(Duration) yrsmosds.	
State or country) Ballinson	Contributory (Secondary) (Duration) yrs mos ds	
10 NAME OF Miliam M. Firguson	(Signed) Odus 19. Hone, M. D.	
11 BIRTHPLACE OF FATHER (State or country) Aarford Co	State the Dishase Caddress) Werry fown (State the Dishase County Death, or, in deaths from Violent	
of MOTHER Mary Colley	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country) Must rown	At place in the of death yrs mos ds. State yrs mos ds	
14 THE ABOVE IS TRUETTO THE BEST OF MY KNOWLEDGE (INTORMAN) Matilda Fergusou	Where was disease contracted, If not at place of death? Former or	
(Address) 1213 Han ford an	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
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Filed Sept 4 1913 Min D. Courfman RECISTRAR	20 PNDERTAKER Bros Libertytowa	
If more bianks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthful (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (ø)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purpenal septiehaecause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemla," "Weakness," genltal," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent "Senile." etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Can Stato cause for Examples:



Very CERTIFICATE OF DEATH PHYSICIANS shoul of OCCUPATION Registration Dist. No. If death occurred in Ward) RECORD a hospital or institution, give its NAME Instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 5 SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, Smile BINDING WIDOWED, ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 stated 6 DATE OF BIRTH classified. (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR ? properly BOCCUPATION (a) Trade, profession, or NX particular kind of work. supplied. pe (b) General nature of Industry. UNFADING business, or establishment in may (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. # Secondary that 10 NAME OF FATHER 000 (Signed) ARGIN PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ mos. DEAT Where was disease contracted. if not at place of death? jo Former or OF Important. usual residence CAUSE 15 m If more blanks are needed, address state Registrar, 6 E. Franklin St., Halto, Reque

12467

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";), Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, pcritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; State cause for "Exhaustion," For VIO-



-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING

N. B.

PLACE OF DEATH 12468	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty Manual	a me 1.4 Registered No. 131
Village or City reducing (No but	[If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS .	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OB RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 Left. Z (1913) 18 DATE OF DEATH (Month) (Day) (Year) 17 Left. Z (1913) (1913)
(Month) (Day) (Year)	that I last saw h ex alive on Sept 2 1913
7 AGE 11 LESS than 1 day,hrs. O mos. // ds. ORmin. ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	Caule appendicules. (Ourallog) × yrs. × mos. 4 ds.
which employed (or employer) BERTHPLACE (State or country) Many land	Contributory Rufture with general perilo sitio (Secondary) (Obration) × yrs × mos 242
10 NAME OF FATHER Janus L. Sladhill 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death
(Informant) I amil L. Pladhell (Address) Myasselle, M.S. 15 Filed 3 Sept, 1913 De Charle McLamdy	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF PURIAL 20 UNDERTAKER ADDRESS ADDRESS
REGISTRAR If more blanks are needed, address State Registra:	r, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. Never return "Laborer," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purrereal septicharinus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse" "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is icss definite; avoid use of "Tumor" for mails: Accidental drowning; Struck by railway train-acct-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," (name origin; "Can State cause for "Exhaustion," Never report Examples: For vio-



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15

PLACE OF DEATH	12469
. Wroderick	

(No....

Village or City State canatorium

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 139
0		Conference

.St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

ADDRESS

Thurmont, Ma.

	PERS	ONAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CERTIFIC	ATE OF DEATH
Female 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEMIATTICA Write the word)		(Mont				
6 DA	ATE OF BIRT	H Sept.		u•,,/ 0 (0 (Year)	I HEREBY CERTIFY June 1sta	
TAC		4-3 yrs —	mosds.	it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date. The CAUSE OF DEATH* was as fo	
busi whi	General nature iness, or estal ch employed (or RTHPLACE (State or co	untry) maryland			Contributory Secondary (Dura	tion) yrs mos ds
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11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER UNKNOWN		*State the Disease Causing De Causes, state (1) Means of Inj	ATH OF In deaths from Victoria			
		18 LENGTH OF RESIDENCE (FOR HO				
	HE ABOVE	s TRUE TO THE BES		LEDGE	At place of death	In the State Lifetime mos. ds
(ma Goldsteim Baltimor		## · # * * * * * * * * * * * * * * * * *	Former or usual residence Dal timore, Mo	

REGISTRAR M. L. Craeger If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Baltimore, Md.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

statement. essary to know (a) the kiud of work and also (b) applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yis.) For persons But in many "Foreman,"

pneumonia"); "Croup";) term for the same disease. time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonla," forer (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meuingitis"); Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum; etc., unqualified. is indefinite): Tubercu-Diphtheria Examples: Cerebrospinal "Epidemic cere-(avoid use

> ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caumia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PROBABIL LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), may be stated under the head of (Recommendations on statement of "Dropsy," "PUERPERAL septichue-"Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 8 1918
BUHLAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EMACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

County Trederies 12470	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Emmitsburg (No. 2 FULL NAME Mary Elizeber	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWEO, OROIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 (HEREBY CERTIFY, That attended deceased from
Open (North) (Day) (Year)	that I last saw h 21 alive on free 31 - 1913.
33 yrs. 3 mos. 27 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Mehnitis (Duration) yrs. 2 mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF OF THE PROPERTY OF	(Secondary) (Duration) 2 yrs mos ds.
of FATHER Warles Prederick Trumes of FATHER Warles Prederick Trumes of FATHER Warles Prederick Trumes	(Signed), M. D. State the Dispuse Curry Draws and Indian State State of the Dispuse Curry and Indian State
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MAYLAND 14 MAYLAND 15 MAYLAND 16 MAYLAND 16 MAYLAND 17 MAYLAND 18 MAYLAND 18 MAYLAND 19 MAYLAND 19 MAYLAND 10 MAYLAND 10 MAYLAND 10 MAYLAND 11 BIRTHPLACE OF FATHER OF MOTHER MAYLAND 12 MAYLAND 13 MAYLAND 14 MAYLAND 15 MAYLAND 16 MAYLAND 17 MAYLAND 18 MAYLAND 18 MAYLAND 18 MAYLAND 19 MAYLAND 19 MAYLAND 19 MAYLAND 10	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 1BLENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mayland.	At place In the of death yrs mos ds. State yrs, mos ds
(Informant) James 6 param Jumes	Where was disease contracted, It not at place of death? Former or usual residence
Filed Soft 3. 191 3 M. E. Shuff	19 PLACE OF BUSIAL OR REMOVAL PATE OF BURIAL 100 Rey Kilps St. 3, 191 3 20 UNDERTAKER TOKKER TO TOKKER
If more blanks are needed, address State Registrar, 6 H	Dranklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has As examples: For persons (4)

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc...

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) may be stated under the head of childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (nierely symptomatic), "Atrophy," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleai operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in B PC R R BIRTHPLACE (State or country) 10 NAME OF FATHER OF MOTHER 11 BIRTHPLACE (OF FATHER OF MOTHER) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE (State or country) 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE (OF MOTHER) 16 Signed) 17 I HEREBY CERTIFY, That I attended deceased if that I last saw h alive on 191. 18 INTERPLACE (OF DEATH* was as follows: 10 NAME OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE (OF FATHER OF MOTHER) 12 MAIDEN NAME OF MOTHER SEE KINGAL 13 BIRTHPLACE (State or country) 14 MILENDAM SEE KINGAL 15 BIRTHPLACE (State or country) 16 Signed) 17 I HEREBY CERTIFY, That I attended deceased if that I last saw h alive on 191. 16 LESS than that death occurred on the date stated above, at that I last saw h alive on 191. 16 CAUSE OF DEATH* was as follows: 16 COUNTRIVE OF DEATH* was as follows: 18 CAUSE OF DEATH* was as follows: 19 COUNTRIVE OF MOTHER OF DEATH of MOTHER OF DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident or on Recent Residents 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)	Village or City Brucework (No. 8)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No 153/4/ St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
MARRIEO, WINTE WINTE (Month) (Day) (Year) O DATE OF BIRTH (Month) (Day) (Year) If LESS than 1 day,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Tear) TAGE Month	marieo, Lingle Whote (Write the word)	(Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
(Intermant) (Address) (Address) (Address) (Address) (Address) (Address)	7 AGE About 2 (yrs	that I last saw h



[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Insert affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cbildbirth or miscarriage, as "Puerreral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritin nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medicai Association.) oma. Surcoma, etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can State cause for "Exhaustion," Never report Examples:



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County I'vederect

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution. give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, Dunole 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Morth) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH an 1833 that I last saw h. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER C (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death yrs. mos. ds. State yrs. ____ mos. ... Where was disease contracted. If not at place of death? ... Former or usual rosidence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



V. B. No. 1.

N. B.

PLACE OF DEATH 12473	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Haradares	Registration Dist. No. 140
Village or City Woodsboro (No.	St.; Ward) [It death occurred in a hospital or institution,
FULL NAME Thereas Als	tione Greebra give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole Letter To Sangle, Who were the state of the word)	16 DATE OF DEATH SELF 12, 191.3. (Month) (Day) (Year)
GDATE OF BIRTH SELF 5- 1918	17 I HEREBY CERTIFY, That I attended deceased from SELL, 6, 1918, to SELL, 1918,
(Month) (Day) (Year)	that I last saw ham allve on 34/1 12 1913
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 230 Pm,
yrs	The GAUSE OF DEATH* was as follows:
8 OCCUPATION	Imperfect clasure of heart
(a) Frade, profession, or particular kind of work	Jell was by Consulaious
(b) General nature of Industry, business, or establishment in	(A
which employed (or employer)	(Ouration)yrsmosds.
(State or country) Angleral bo	(Secondary)
10 NAME OF William J. Gruber	(Signed) 6 Q S Q M. D.
Z (State or country)	State the District Courses Provided to the State of the District Provided to the District Provided to the State of the Sta
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) The discountry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
Informant, 20 th Je Gamber	Former or usual residence
(Address) Woodsboro M.d.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6 1 000 1	Hocky thee Suff 6, 191,3
Filed SEPS 6, 1913 X, 6 Porvell	20 UNDERTAKER ADDRESS
REGISTRAR	Shacel Howell Hardelow
If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purperal scottchacample: Measles (disease causing death), 29 ds. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train--Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-



Every item of information should be parefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN W. B. No. 1.

N. B.

County Fed. 12474	STATE OF MARYLAND CERTIFICATE OF DEATH
161.1	Registered No. 136
Village or City Than Infana. (No	St; Ward) [If death occurred a hospital or institution give its NAME lostes
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Color of RACE Single, Married, Wioowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Sept. 8 1913. (Month) (Day) (Year)
6 DATE OF BIRTH Sett 8 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from , 1913., to
7 AGE (Aloged) (Day) (Year) 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds Contributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
of Mother Silvion Tyles_ 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
Informant) Djamsville.	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Address)	Hope fill. 3/4. 11, 1913. 20 UNDERTAKER ADDRESS Graby My
if more blanks are needed, address State Registrar	

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for chlidbirth or miscarriage as "PUERPERAL septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms) ; Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchonneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis is icss definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of _ (name origin: "Can-The nature of the Examples : For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 14 1913 BUREAU, V.S.

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12475 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St .:Ward) a hospital or institution. give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Vidowell WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) Dur OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. State yrs. ____ ds _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS Filed REGISTRAR

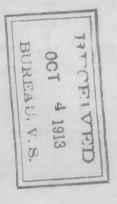
If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Assoclation.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of hungs, meninges, peritonaeum, ctc., Carein-

nant ueoplasms); Measles; Whooping eough; Chronic cause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e.g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 "Dropsy," "Exhaustion," Never report cause for ds.;



CERTIFICATE OF DEATH rederects YSICIANS should occupation is Registration Dist. No. [If death occurred in Ward) a hospital or Institution, RECORD give Its NAME Instead W. J. Hine of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDDWED, Wiclowed (Write the word) HEREBY CERTIFY, That I attended deceased from E OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at. 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 90 terms, n back ARENTS 11 BIRTHELA *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME Instructions OF MOTHER plal 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af place OF MOTHER State yrs, ____ mos. _ yrs. mos. ds. Where was disease contracted. If not at place of death? P Former or OF usual residence CAUSE C DATE OF BURIAL Every 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12476

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Sersant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

lesis of lungs, meninges, peritonaeum, pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal term for the same diseasc. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," "Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid unqualified, is indefinite): Tubereufever (never report "Typhoid etc.,

> mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds., (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

County Trederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 130
Village or Cityline Mand au	St.: Ward) Justus Aura [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX COLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the Word)	16 DATE OF DEATH (Month) (Day (Year)
(Month) (Day (Year)	that I last saw h alive on
7 AGE If LESS than t day,hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Maraenus :
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory.
10 NAME OF SULLY. HUND 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country)	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds
(Informant) ausluce reference	usual residence.
15 Filed Dept 11, 191 3 7 Clyd Routes REGISTRAR	20 UNDERTAKER Etchuson Todoryk
If more blanks are needed, address State Regis	trar, 6 B. Franklin St. Balto Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," nant peoplasms); Measles; Whooping cough; Chronic "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail it was prevent further correspondence. All the data is essential and must be obtained before the critical of permanenty fild.

COT 7 1913

NOV 5 1918
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

S. No. 1.

PLACE OF DEATH 12478	STATE OF MARYLAND
County 7 red	CERTIFICATE OF DEATH
(1)	Registration Dist. No. 13
Village or City Line Rolling (No.	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
FULL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE Widowed, OR DIVORCED OR DIVORCED Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Cuy 24 191	(1913, to) 1913
(Month) (Day) (Year)	-1
7 AGE it LESS the	and that death occurred on the date stated above, at
2 yrs. mos. 2 ds. OR. min. i	INC CAUSE OF DEATH'S Was as follows:
BOCCUPATION	- Japanes Care
(a) Trade, protession, or particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. / mos. 18 ds
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF	(Duration) yrs mos ds
FATHER Lawever et lesson	(Signed), M. D
O 11 BIRTHPLACE	2 1 18, 1913 (Address) Duchy 1
Z OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
of MOTHER Alverta / Morus	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Laurence Cofferson	It not at place of death?
f (110).	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	- 11-0 (Lt 21 a
C1 18 10 1/21-	20 UNDERTAKER ADDRESS
Filed 7 , 191 REGISTRAR	M. L. Elelian Frederick
If more blanks are needed, address State Regis trar,	6 E. Franklin St., Balto, Requesting V. S No. 1

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care the nature of the business or industry; and therefore an who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples But in many For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as mus," "Old Age," "Shock," "Traemia," "Weakness," -A sart failure," "Haemorrhage," "Inanition," "Marasgenital," cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrown oma. Sarcoma. etc., of __ ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile." etc.), (Recommendations on statement of "Dropsy," "PUERPHEAL septichae-... (name origin; "Can-"Exhaustion," Never report Examples:



-Every item of information should be carefully supplied. AGE ahould be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact attement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR MARGIN RESERVED W. E. No. 1.

N. B.-

PLACE OF BEATH 1248U	
Course Fixe Designed	CERTIFICATE OF DEATH
County	Registered No. 14 /
Village or City & runswish (No.	St; Ward) [If death occorred in a hospital or institution, give its NAME lostead of street and number.]
* FULL NAME O COUPE O	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall Whit (WIDOWED ORDINATED ORDINATED (WITH the word)	(Month) (Day) (Year)
6 DATE OF BIRTH MILTINGEN	17 I HEREBY CERTIFY, That Lattended deceased from August 1913, to 17 3, 1919,
(Month) (Day) (Year)	that I last saw h all alive on 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
75 mos. ds. OR min.?	The CAUSE OF DEATH & was as follows:
(a) Trade, profession, or particular kied of work (b) General nature of lodustry, Mark Respectively, business, or establishment to	(Duration) yrs / mos ds
which employed (or employer)	Contributory
State or country)	(Secondary) (Oeration) yrs
10 NAME OF Janthan Kelly	(Signed) Som West
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CLIN Little Cormaly	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Elen fith Comaly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
(Informant). Len Well Wals	Where was disease contracted, If not at piace of death? Former or
(Address) Brunawch	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 / 9 · da	Mrnafulle na seft 5 , 1913
Filed 444 , 1913 Servilles	20 UNDERTAKER LEUTE Brow Brymanch
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

10100

STATE OF MARYI AND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PUERPEEAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples: For vio-



PERMANENT V 2 WITH UNFADING INK-THIS

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, CAUSE OF Important. S

> 0 ż

1 PLACE OF DEATH 12479

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

[If death occurred in a hospital or institution,

PULL NAME	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	16 DATE OF DEATH 23, 1913. (Month) (Day) (Year)
TAGE MISCARRED 1 day, 1903 (Month) (Day) (Year) 1 LESS than 1 day,hrs.	that I last saw h alive on the date stated above, at m. The CAUSE OF DEATH* was as follows:
S OCCUPATION (a) Wade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Sy months Miscarriage Two life at butle (Duration) yrs. mos. ds. Contributory.
9 BIRTHPLACE (State or country) Mossium — 10 NAME OF FATHER Charles J. Kuth 11 BIRTHPLACE (State or country) Morehyrousy & Mor	(Signed) (Signed) (Signed) (Signed) (Signed) (Address) Treslerik M. D. (State the DISEASE CAUSING DEATH, or in deaths from Violent
12 MAIDEN NAME CLA Shows OF MOTHER CLA Shows 13 BIRTHPLACE OF MOTHER (State or country) Dismile Ca	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
Filed 23 Sept. 1913 Day San J. Mc Braistrank If more blanks are needed, address State Replieter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LEAST CENTER ADDRESS AND ADDRESS LEAST CONTROL OF BURIAL ADDRESS AND ADDRESS LEAST CONTROL OF BURIAL ADDRESS ADDRESS AND ADDRESS LEAST CONTROL OF BURIAL ADDRESS AND ADDRESS LEAST CONTROL OF BURIAL ADDRESS ADDRESS AND ADDRESS LEAST CONTROL OF BURIAL ADDRESS ADDRESS AND ADDRESS LEAST CONTROL OF BURIAL ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AND ADDRESS LEAST CONTROL OF BURIAL ADDRESS A

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite sydonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State childbirth or miscarriage, as "Purpersal scottcharetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrbage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conniere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whosping cough; Chronio oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Mways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: cause for For VIO-



B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 S UNFADING INK-THIS WRITE PLAINLY, WITH ż

MARGIN

PLACE OF DEATH 12481	STATE OF MARYLAND
79-9-01	CERTIFICATE OF DEATH
County	Registered No. 14-3/4
Village or City Bruusurok (No.	St; Ward) [If death occurred in a hospital or lostitution give its NAME losteon
FULL NAME Afra Mon	ef street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male With Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIBOWEO, OR OWNORCEO (Write the word)	(Month) (Day) (Year) 17 HEREBY GERTIFY, That attended deceased from
6 DATE OF BIATH My 16, 1857	that last saw h www alive on h
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 12 m
56 yrs. 5 mos. 26 ds. ormin.?	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or particular kied of work Zafare	
(b) Genoral nature of industry, business, or establishment to which employed (or employer)	(Ouration) yrs. 6 mos. ds
9 BIRTHPLACE (State or country) 9Md	Contributory (Secondary) (Dyation) , yrs mos ds
10 NAME OF FATHER WM Kerns	(Signed) Crm Vist M. D. Sept 13 1913 (Address) Brueswelf St.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 7 1- 14 0	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place
(State or country)	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
(Informant) Mso Mary Kerne	If not at place of death? Former or usual residence
(Address) Brunswick 2008	Petersville med Sept 15, 1913
Filed Soft 18 1813 Leon Mig REGISTRAR	20 UNDERTAKER ADDRESS
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopnoumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichaesepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viccause. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. ture of the American Medical Association.) Accidental drowning; Struck by railway train-accl-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: cause for



N. B.

PLACE OF DEATH 12482	STATE OF MAR	
County Fredky	CERTIFICATE OF	DEATH
VIIIage or City Greagestow (No.)	St; Ward)	[It death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Male 4 COLOR OR RACE SINGLE, MARRIED, MOUVE d. WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day), (Year)
6 DATE OF BIRTH OA 26, 1862 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I as CANGA 19, 1913 to Sefa that I last saw h. Mar. alive on Sefa	21, 1913
7 AGE 30 10 26 If LESS than t day,	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	pove, at S-A m
a) Trade, protession, or particular kind of work. (b) Deneral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	G Weendary) (Buration)	yrs mos ds
10 NAME OF TATHER TO HOLD 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) LOTGIA E TO CAUSES, state (1) MEANS OF INJURY; and (TAL, SUICIDAL, OF HOMICIDAL.	Chris N.D.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INCORRECTOR RESIDENTS) At place In the ot death yrs, mos, ds, State Where was disease contracted,	YIS, MOS ds.
(Informant) Ma Mollie Roll	it not at place of death?	
(Address) Loreagorstow med	19 PLACE OF BURIAL OR REMOVAL	ATE OF BURIAL
Filed 2/ 1913 H & Lohr	20 UNDERTAKER A	DDRESS
if more blanks are needed, address State Registra	ur, 6 E. Franklin St., Balto., Requesting V. S. No.	1.

12482

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. causing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, childbirth or miscarriage, as "Purreral scottchacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. "Heart failure," "Haemorrhage," "Inanition," "Maras. Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," (Recommendations on statement of or Homicinal, or as probably (name origin; "Can-"Exhaustion," Examples: For vio-



1 PLACE OF DEATH

County Mederick 1248	3 /1/	(C	ERTIFICATE	OF DEATH
			Registration	
Village or City reac New Marks (N 2 FULL NAME Mary 7.	n. Ku			ard) [If death occurred a hospital or Instituti give its NAME Inste of street and number.
PERSONAL AND STATISTICAL PARTICULA	RS	MEL	DIGAL CERTIFICATE	OF DEATH
Finale white Single, MARRIED, MIDOWED, ORDINORCED (Write the work	lowed	16 DATE OF DEATH	Septem (Month	
6 DATE OF BIRTH	, /81388	that I last naw h	, 191.3., to Su	pat I attended deceased fro ftemb. 24 ² , 1913 Mr. 24 ² h, 1913
74 yrs. 9 mos. 6 ds.	If LESS than		rred on the date sta	ted above, at 2.30P
6 OCCUPATION (a) Trada, profession, or particular kind of work		Leden a Regurgita	***************************************	Mitral Sont Kun
9 BIRTHPLACE (State or country) Reik, Co. M.A.	,	Gentributory (Secondary)	0	ck g Fimus 25
10 NAME OF THE THE THE PARTY THE PARTY OF TH	u	(Signed)	3. H. H. Non	Kuis , W.
11 BIRTHPLACE (State or country) 12 MAIDEN NAME 12 MAIDEN NAME		CAUSES, BIRTE (1)	SE CAUSING DEATH, (MEANS OF INJURY:	or, in deaths from Violent and (2) whether Acciden-
OF MOTHER Many Holling	tou	18 LENGTH OF RESI OR RECENT RESIDER	DENCE (FOR HOSPITA	LS. INSTITUTIONS, TRANSIENT
(State or country) Auguston 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWL (Informant) Many Turnel	EDGE	ot death yrs Where was disease contra It not at place of death? Former or	cted.	e yrs, mos d
(Address) Mt. ainy M	۷	19 PLACE OF BURIA		Sph 26,1913
Filed Super 200, 1910 Suoft Tay la	REGISTRAR	20 UNDERTAKER	wman	ADDRESS Wat, Cliny
If more blanks are needed, address a	State Revistrar	6 B Franklin St D	alto Pequestin- "	8 Va 1 6

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the dibease caubing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORI	information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	EATH in plain terms, so that it may be properly classified. Exact statement of OCCU	
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STATE OF MARYLAND 1 PLACE OF DEATH 12484 CERTIFICATE OF DEATH County Frederick. D INS should a Registration Dist. No... Village or City State Sanatorium, (No...... If death occurred inSt.:.....Ward) a hospital or institution. give its NAME instead of street and number.] FULL NAME Frederick Kurtz. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 6 SINGLE. 4 COLOR OR RAGE MARRIED. September 1st. 191.3. Widowed WIDOWED, Male White ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH August 2nd, 1913 to September 1st, 1913 26th. 866. January that I last saw h.im alive on September 1st. 191 3 (Month) (Day (Year) 7 AGE If LESS than and that desth occurred on the date stated above, at 1:30 Pm. 1 day.....hrs. The CAUSE OF DEATH* was as follows: 5 OR 7 BOCCUPATION Pulmonary Tuberculosis (a) Trade, profession, or Foreman particular kind of work... (b) General nature of industry. business, or establishment in (Ouration) 2(?) vrs. - mos. - ds. which employed (or employer) Contributory. 9 BIRTHPLACE Secondary (State or country) Maryland 10 NAME OF FATHER John Kurtz (Signed) ... ARENTS 11 BIRTHPLACE Sept. 1st, 1913. (Address) State Sanstorium. OF FATHER Germany *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER Agnes Ran 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place Lifetime. OF MOTHER (State or country) of death ___ yrs. __ mos. 29 ds. Germany Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Probably at home. If not at place of death?.... Se Former or Frederick Kurtz. Hem E OF (Informant) .--Highlandtown. Md. Every item CAUSE OF important. usual residence.... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Highlandtown, Md. Highlandtown. Md. Unknown. 15 20 UNDERTAKER ADDRESS m M. L. Creager. Thurmont. Md. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should of OCCUPATION IS

Exact statement

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6 D	ATE OF BIR	тн	Month)	(Day)	, 1.81 (Yes
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1 PLACE OF DEATH

19/05

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 23/
St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from
notalas(191, to , 191,
hat I last saw h allve on all mais of dealings
and that death occurred on the date stated above, at 2 30 Pm,
The CAUSE OF DEATH * was as follows:
Sur cella Stycuma
hoisoning (diging in my less
Ecce in Eususian
(Ouration) yrs. mos. ds.
(Secondary)
(Duration) yrsmosds.
(Signed) from Dear and James M. D.
9/2, 1913 (Address) Freach Med
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
At place in the of death yrs mos ds. State yrs mos ds
Where was disease contracted, If not at place of death?
Former or
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Mr Olivet Cem Sept 3 1913
20 UNDERTAKER ADDRESS
et, Schröden Forde Was

REGISTRAR & Cliver (ler le more blanks are needed, address State Regis trar, C.E. Franklin St., Balto., Requesting V. S. No. 1.

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(Signed)

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[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necminc, etc. statement. material worked on may form part of the second (a) Spinner, it should be used only when needed. As examples essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (ø)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Pureperal scritchaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Figart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis neat neoplasms) : Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can-State cause for Examples:



Every Item of Information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.

RECORD

Village or City Trederick (N



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St.; Ward)

[It death occurred in a hospital or lostitution, give its NAME lostead

* FULL NAME Cellsabeth A	Oews of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Imale Muli Single, Married, Wilowed, Woower, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	()
7 AGE	and that death occurred on the date stated above, at
(a) Trade, protession, or love or letired particular kind of work	aschina
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. Z mos. ds.
9 BIRTHPLACE (State or country) Banklin Co. Perusa	Contributory (Secondary) (Deration) yrs mos s.
10 NAME OF FATHER Joseph Wrigger 11 BIRTHPLACE D	(Signed) Chas & Goodie , M. D. 9/15, 1913 (Address) Fridgick . 2nd
Z (State or country) W 12 MAIDEN NAME 6 7 1 1 2 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Colyoth Muge 13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) O3 alto Md	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SEPT 6, 181 3
Filed 9-15, 1913 M For Menan REGISTHAR	Steheson + Clive Jude Wed
/ If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. I.

[Approved by U. S. Census and American Public Health
Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as ·Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laboreradditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetaņus) mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock." "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vrochildbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition." "Maras. dent; Revolver wound of head-homicide; Paisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-The nature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

PLACE OF DEATH 12487 Gounty Frederick Village or City Frederick (No. 2 FULL NAME audrew Eliza.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St.; Ward) St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make 4 COLOR OR BACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from Caug. 44 1913 to Sept. 26 1913
(Month) Z (Day) (Year) AGE (Month) Z (Day) (Year) If LESS than 1 day,hrs. ORmln.?	that I isst saw h is alive on Sight 13, 1913 and that death occurred on the date stated above, at 7 m, The CAUSE OF DEATH* was as follows: Scute Bright disease
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Marmic Convusion (Secondary)
10 NAME OF FATHER Andrew Logar 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 AND WINDER 13 AND WINDER 14 AND WINDER 15 AND WINDER 16 AND WINDER 17 AND WINDER 18 AND WINDER 19 AND WINDER 19 AND WINDER 10 AND WINDER 10 AND WINDER 11 BIRTHPLACE OF FATHER 12 AND WINDER 13 AND WINDER 15 AND WINDER 16 AND WINDER 17 AND WINDER 18 AND WINDER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Treflerik Man. Filed Sept 26, 1913. Dr Jea M. Gendy Defection and	DATE OF BURIAL OR REMOVAL Loudan few County Seff 28, 1913. 20 UNDERTAKER Balling TADDRESS Letus and Oline Fordenical
if more blanks are needed, address State Registra;	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

00T 3 1913 BUREAU V.S.

7. S. No. 1.

RECORD

PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12488	
PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH / 4/
County	Registration Dist. No. 253
Village or City Dunswick (No	St.; Ward) [If death occurred is a hospifal or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Cemale White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
S DATE OF BIRTH Feb 6 1881	They 28 HEREBY CERTIFY, That I attended deceased from 1913, to 14 5 1
(Month) (Day) (Year) 7 AGE 32 yrs. 7 mos. 2 ds. 0Rmin.?	and that death occurred on the date stated above, at The CAUSE OF DEATH was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
BIRTHPLACE (State or country)	Contributory (Secondary) (Deraflon) yrs mos ds.
11 BIRTHPLACE OF FATHER OF Grand Storice 11 BIRTHPLACE OF FATHER (State or country)	(Signed) Com West , N. B. Of H 90, 1913 (Address) Burneway of Indoor Wash
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY Elizabeth Lowhout	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. Stafe yrs mcs ds.
(Informant)	Where was disease confracted, if not at place of death? Former or usual residence
(Address) Dunswerk Mg	Dunswick Md Dept. 1913.
Filed y 1913 X con May	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). The definite synonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcinossis of lungs, meninges, peritonaeum,

sepsis, tetanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras. cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) nant ncoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples:



12489

PLACE OF DEATH

BINDING

ERVE

ARGIN

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should he used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibrase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglisis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomenclaby carboi macid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably DENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Turreeral scottchaeetc., when a definite disease can he ascertained as the "Heart failure," "Haamorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) "Contributory." which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarcoma, etc., of Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under (name origin; "Canetc. State "Exhaustion, the head Examples: cause for For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

V. S. No. 1.

PLACE OF DEATH 12490	STATE OF MARYLAND CERTIFICATE OF DEATH
County Ferederick	Registration Dist, No 134
Village or City Fraur paints (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Monito (Write the word)	18 DATE OF DEATH Sept 30 ,1913 (Month) (Day (Year)
6 DATE OF BIRTH 2 27 , 1851 (Month) (Day (Year)	that I last saw h wellve on System 27, 1913,
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishmeot In which employed (or employer)	Duratigo) yrs. mos Yhy.
9 BIRTHPLACE (State or country) Frederich los MMI 10 NAME OF FATHER Egyra Michael 11 BIRTHPLACE	Contributory Secondary (Duration) yrs
11 BIRTHPLACE OF FATHER (State or country) 12 MI OF MOTHER OF MOTHER 12 MOTHER DE TOTAL PROPERTY 13 MOTHER DE TOTAL PROPERTY 14 MOTHER DE TOTAL PROPERTY 15 MOTHER DE TOTAL PROPERTY 16 MOTHER DE TOTAL PROPERTY 17 MOTHER DE TOTAL PROPERTY 18 MOTHER DE TOTAL PROPERTY 18 MOTHER DE TOTAL PROPERTY 19 MOTHER DE TOTAL PROPERTY 10 MOTHER DE TOTAL PROPERTY 10 MOTHER DE TOTAL PROPERTY 10 MOTHER DE TOTAL PROPERTY 11 MOTHER DE TOTAL PROPERTY 12 MOTHER DE TOTAL PROPERTY 13 MOTHER DE TOTAL PROPERTY 14 MOTHER DE TOTAL PROPERTY 15 MOTHER DE TOTAL PROPERTY 16 MOTHER DE TOTAL PROPERTY 17 MOTHER DE TOTAL PROPERTY 18	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Trederick los MA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds
(intermant) Colorsof Michael	Where was disease contracted, If not at piace of death? Former or usual residence
(Address) Brunnlsburg IIII Filed Oct 2, 191.3 M. F. Shuff	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 19 PLAGE OF BURIAL OCT. O
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Proposting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

pneumonia"); Lobar ("Pnenmonia," term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to "Cronp";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tuberenfever (never report "Typhoid pneumonia; Bronchopneumonia Diphtheria (avoid use Carcin-

> valvular heart disease; Chronic interstitial nephritis. thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injnry, as fracture of skull, and consequences (e.g., Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Courulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated nnless nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," important. "Exhaustion," Never report



If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No. / J 7
St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead

ol ward)	a hospital or institution, give its HAME instead of street and nomber.]
MEDICAL CERTIFICATE OF DE	EATH
16 DATE OF DEATH (Month)	(Day) (Year)
Sufar Breesy Certify, That I atte	ended deceased from
hat I last saw have allve on Septended about that death occurred on the date stated about	ve, at 6. 6 m.
The CAUSE OF DEATH * was as follows:	, atm,
Inturmorphin of A	Brurls
(Duration) y	7)/:
Contributory Mucracion V	mitag
(Signed) Cluss J. Go. 9/18, 1915 (Address) Inch	dece No
*State the DISEASE CAUSING DEATH, or, In d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	ootha from Wasser
18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTOR RECENT RESIDENTS) At place of death yrs. mos. /5 ds. State 27 Where was disease contracted, If not at place of death?	
Former or Burkitts ville, Fresh (E, me
Veteraville C	ATE OF BURIAL
no //	DORESS

state

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu-"Croup"); brospinal fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report "Typhoid Examples: Cerebrospinal (avoid use of Carcin-

> sepsis, tetanus) cause. Always qualify all diseases resulting from genital," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrerral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "figart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: For vio-01



RESERVED FOR BINDING MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

PLACE OF DEATH 12492	STATE OF MARYLAND
County /2 cel /	CERTIFICATE OF DEATH
7	Registration Dist. No. /30
Village or City June / Color (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Many G. M	Crobing of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fund Wate (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Nay) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Cf- 11, 1866	(LT 0
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at.
t day,hrs.	and that death occurred on the date stated above, at
4 7 yrs. 4 mos. 2 Gds. OR min.?	Deguin not back
8 OCCUPATION (a) Trade, profession, or	242
particular kind of work	Eist some Conday legin
(b) General nature of industry, business, or establishment in	1 milan
which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) M	Gontributory
10 NAME OF FATHER PLEASE COL	(Signed) T. Clyd Z. M. D.
11 BIRTHPLACE	2/t 7 , 1913 (Address) Bul-in to
OF FATHER (Stafe or country) 12 MAIDEN NAME OF MOTHER CENTRAL Strelman	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME Cerabeth Stock ma	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TO
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant)	Former or usual residence
(Address) Lun / Colon	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	fulend. of 9 1913
Filed Left 8, 1912 Tele Contain REGISTAR	Etchin + Clin Freder
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-('oal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industy; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. mine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The

Statement of cause of death—Name, first, the dibease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscip

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as -Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis neat neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ ture of the American Medical Association.) cause of death approved by Committee on Nomencla by earbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.). may be stated under the head (Recommendations on statement of "Dropsy," "PUERPERAL scptichae-(name origin; "Candeath), 29 ds.: "Exhaustion," Examples: 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0CT 7 1913 BUREAU, V.S.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	important. See instructions on back of certificate.
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Ver	AU	DOGU
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9 BIRTHPLACE (State or country)

> OF FATHER (State or country

13 BIRTHPLACE OF MOTHER

ARENTS

15

which employed (or employer)

STATE OF MARYLAND 1 PLACE OF DEATH 12493 CERTIFICATE OF DEATH Registration Dist. No exich (No. 614 / Vlineharts St. 3 Ward) Ilt death occurred la a hospital or institution. give its NAME Instead zeanna Norri of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE DATE OF DEATH WIDOWED, (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE It LESS than 1 day.....hrs BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in

REGISTRAR

If more blanks are needed, address State Megistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

?	that I last saw han alive on Sign 5, 1913.
	and that death occurred on the date stated above, at 3-30 pm, The CAUSE OF DEATH* was as follows:
	Chronic Interstitual Methotis
	Contributory Certain Sclerosier Secondary
-	(Duration) Syrs mos ds.
	1-0(3.10
2	(Signed) 9 - 6, 1913 (Address) 100 - 8 5 4 5
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
-	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
	Where was disease contracted, It not at place of death? Former or usual residence.
	Greenmount Com defe 7, 1913
4	Thomas T. Thise Frederick

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," ungnalified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated uuless important. valvular heart disease; Chronic interstitial nephritis, aant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomcnelaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Ar Books

BURLAU, V.S.

	PLACE OF DEATH 12494	STATE OF MARYLAND
	Fredoriela III	CERTIFICATE OF DEATH
Co	unty Then will	134
	ac bill	Registration Dist, No.
VII	lage or City Vear Bridgeponto	St.; Ward) [If death occurred in
	(110	a hospital or Institution,
	hand la M	of street and number.]
	FULL NAME PODE WV	We U
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$		18 DATE OF DEATH Alla 15th 1913
11	WIDDWED WING	(Month) (Day (Year)
	ale Mile (Write the word)	17 I HEREBY CERTIFY. That I attended deceased from
6 D	ATE OF BIRTH	June 21, 1913 to Sep 13, 1913,
	Teb 1827	101 W
	(Month) (Day (Year)	that I last saw h the alive on 978,1913
7 A		and that death occurred on the date stated above, at
	86 yrs 7 mos 12 ds 0R min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION A .1	oste Darcoma
(a) Trade, profession, or A	
	rticular kind of work VOLLISEOL JULYSULT	1 Notice Ed (hard palate in
) General nature of industry, siness, or establishment in	1 1 100
	ich employed (or employer)	(Duration) yrs. ds. ds.
9 B	IRTHPLACE (State or country)	Secondary L. haustian
	hederick to ma	
	10 NAME OF A DOOR	(Duration) yrs mos ds.
	FATHER John Chiles	(Signed) Q, Buttle, M. D.
75	OF FATHER LAND	Def 13, 1913 (Address) Janey Course
ARENTS	: (State or country) trederich to Aga	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
NR.	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
4	OF MOTHER Catherine Coule	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTE
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	(State or country) Chiknown	of death yrs mos ds. State yrs mos ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	January Hayer	If not at place of death?
	(Informant) MINIOR JOUGE	Usual residence.
	(Address) Ommetsburg Sad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	2 4-	Ementsburg m/ Sep 15 1913
Fil	ed Soft 14 191 3 Mat Shull	20 UNDERTAKER ADDRESS
1.11	Spal MEDISTRAR	to O. Francista Variation and
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		, and the state of

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At sehool or At home. material worked on may form part of the second who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Farmer or Planter, "Foreman," (b)

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

naut ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: etc., when a defiuite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



V. S. No. 1.

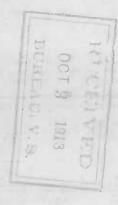
PLACE OF DEATH 12495	STATE OF MARYLAND CERTIFICATE OF DEATH
County trederick	Registration Dist, No. 3/
Village or City Frederich (No. Truding	Chy Hospitalst.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH 3 14 1849	I HEREBY CERTIFY That I attended deceased fro
(Month) (Day (Year) AGE If LESS than	and that death occurred on the date stated above, at $\sqrt{3}$ U O
8 OCCUPATION (a) Trade, profession, or particular kind at work	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Ouration) yrs mos 4
10 NAME OF PATHER Arthur Prison	Signeb) (Ouration) yrs mos (Signeb) (Address)
OF FATHER (State or country) (Virginia) 12 Maiden NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VICLASES, state (1) MEANS OF INJURY; and (2) whether ACCINETAL, SUICINAL, or HOMICINAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, c
(Intermant) Lenny a Oneson	If not at place of death? Former or usual residence.
(Address) Washington D.C.	dorelleville Va Appless Appless Appless Appless
Filed 12 1815 D. Change Fileger Page 1815	C C Cark Predence Me

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dntics of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner; (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman," cngineer. The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uugnalified, is Indefinite): Tybercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injury, as fracture of sknil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminai conditions, such as "As valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Aiways qualify all diseases resulting from Measics (disease cansing death), 29 (Recommendations ou statement of State cause for For VIO-



County Frederice 12496	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City locky Ridge (No	St; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Widowed ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH Extended DI 1919 (Month) (Day) (Year) 170 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Deptember 2/ 1851 (Month) (Day) (Year)	that I last saw has alive on Dept 11 1913
7 AGE It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or Actured particular kind of work	L'aremone of Vectums
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER Abraham Devri.	(Signed) (Duration) yrs mos ds. (Signed) Thas H. Willer, M.D. 217 77, 191 8 (Address) Detour, M.A.
11 BIRTHPLACE OF FATHER Z. (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Noodstard Green Commercial Control of the Contr	18 LENGTH OF RESIDENCE (FOR HOSPÍTALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds, State yrs, mos ds.
Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Cresty Red a, MM. Filed Sept 25, 1913 Ab & Lohn REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OCKY KINGS MIN SERVER, 191. 20 UNDERTAKER ADDRESS Sharetts and Powell Woodsbou
if more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." Farmer or Planter, As examples: 9

Statement of cause of death—Name, first, the disease causing death—It respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospingly fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinocaus

ture of the American Medical Association.) childbirth or miscarriage, as "Purpersal septicharcause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genital," "Senile." etc.), valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Can-State cause for Examples:



RECORD	PHYSICIANS should it of OCCUPATION is
WRITE PLAINLY, WITH UNFADING INA-INIS IS A FERMANENT RECOND	.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

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state

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No Ilt death occurred to e hospitel or institution, give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO, (Day) (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) If LESS fhan 7 AGE and that death occurred on the date stated above, at 7.30 1 day,.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or narticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory... 9 BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING BEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER State or country Where was disease confracted. If not at place of death? (Informant) DATE OF BURIAL . 1913 20 UNDERTAKER Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISTABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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BINDING ED SERV W MARGIN

should OCCUPATION IS RECORD PERMANENT properi INK UNFADING 0 PLAINLY, plain Instructions Information = DEATH WRITE See ō Item OF mportant. Every It

Very certifica o

state

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in -Ward) a hospital or lostitution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS S SINGLE. MARRIED, WIDOWED. ORDIVORCED (Write the word (Day (Year) I HEREBY CERTIFY, Thay I attended deceased from alive on (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State _____ yrs, ___ Where was disease contracted. If not at place of death?. Former or usual residence. 15 20 UNKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foremau,"

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12499

Frederick

STATE OF MARYLAND

CERTIFICATE OF DEATH

If death occurred in

a hospital or institution. give its NAME Instead of street and number.]

(Day

DATE OF BURIAL

ADDRESS

Registration Dist. No

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the niseAsE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

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aant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pigin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

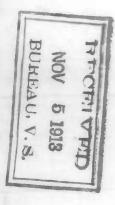
Gounty Stredence 12500	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hoodsburgo.	Registration Dist. No. St; Ward) Figure 1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Asex 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED OR DIVERGED OR DIVERGED (Write the word) 8 DATE OF BIRTH Figh, 2 1843.	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to 1913
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 9 m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory User Contributory (Secondary)
OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed), 1913 (Address), M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY WOWLEDGE (Information of the country)	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or
Address) 15 Filed. Oct ,191.3 Control Registream Off more blanks are needed, address State Registrar, 6 E	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OPT 20 INDERTAKER ADDRESS ADDRESS Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

such, if impossible to determine definitely. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperar septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 "Exhaustion," Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

Village or City favor Bidano.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 48 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while single, married, whomen, who word)	18 DATE OF DEATH (Month) (Day (Year) 17 // I HEREBY CERTIFY, That Wattended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	Seffinder 5, 1913, to Seffender 7, 1913, that I last saw him allve on Seffender 6, 1913.
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	Thouse of future
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
OF FATHER (State or country) 10 NAME OF FATHER 10 NAME OF FATHER (State or country) Maxilland.	(Signed) , 191 (Address) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) (Informant)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed Safet 2, 1913 A. S. S. S. Searca REGISTRAR	DATE OF BURIAL OF REMOVAL DATE OF BURIAL SEPACE OF BURIAL
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thns: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The

pneumonla"); Lobar pneumonia; Bronchopneumonia "Cronp";) prospinal time and cansation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epldemic cere-"Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria Typhoid unqualified, is indefinite): Tuberenmeninges, peritonaeum, etc., fever (never report "Typhoid (avoid use

> mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaenatvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancanse of death approved by Committee on Nomencla-"Contributory." mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), may be stated under the head (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) "Dropsy," "Exhaustion," Never report canse for For vio-



PERMANENT 4 pe IS INK-THIS UNFADING WITH PLAINLY.

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state should ION Is OCCUPATION PHYSICIANS RECORD ō PERSONAL AND STATISTICAL PARTICULARS Exact statement EXACTLY. S SINGLE, MARRIED, WIDOVED, 3 SEX 4 COLOR OR RACE Write the word) 6 DATE OF BIRTH properly classified. (Month) (Day) (Year) TAGE If LESS than should +day, 4 hrs 6 OCCUPATION AGE (a) Trade, profession, or particular kind of work. (b) General nature of Industry, carefully supplied. pe business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF FATHER 30 ō pe 11 BIRTHPLACE OF FATHER (State or country) on back plain terms, PARENT pinoda 12 MAIDEN NAME OF MOTHER instructions of information DEATH in pial 13 BIRTHPLACE = OF MOTHER (State or country WRITE KNOWLEDGE See CAUSE OF Important. (Address) m

1 PLACE OF DEATH

12502

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

..Ward)

[It death occurred in a kacaital or inctitution

NAME arramed	give Its NAME Instead of street and number.]
IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, WIDGED, ORD/BORGED (Write, the word)	16 DATE OF DEATH State (Month) (Day) (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
Soft 6 , 19/3. (Month) (Day) (Year) If LESS than agay, 4 hrs.	that I last saw how alive on As follows:
or Crone	Premalire Birel-
Industry, hment in mplayer)	(Duration) yrs mos ds. Contributory (Secondary)
David Smith	(Signed) Jas. Lo. Saffington, M. D. (Address)
NAME A HONOR	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
CE ENTRY) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
Libertytown May	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Departy REGISTRAR	Sweadner Bro Libertytown
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As exampies: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the design and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichaecause. Always qualify all diseases resuiting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for mailsby carbolic acid-probably suicide. The nature of the LENT DEATES State MEANS OF INJURY and quality as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acclwhich surgical operation was undertaken. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), Examples: 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0CT 3 1913

CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No. It death occurred in St.;....Ward) a hospital or institution. RECORD give its NAME Instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, L widowed, Jesus (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at //. class 1 day, hrs. OR ? BOCCUPATION (a) Trade, profession, or ۵ particular kind of work ... (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State on country) (Secondary) that 10 NAME OF (Signed) FATHER of (Address) tredente m back 11 BIRTHPLACE terms, FNH OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER ot death yrs. mos. Where was disease contracted. P Item OF usual residence CAUSE OF Important. DATE OF BURIAL (Address) .---15 20 UNDERTAKER ADDRESS Filed. REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12503

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)

(b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death--Name, first, the disease causing death--Name, first, the disease causing death--Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin

such, if Impossible to determine definitely. inus," "Old Age," "Shock," "Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "l'uzzperal septichae. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: 01



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1

PLACE OF DEATH 12504	STATE OF MARYLAND
County Trolerick	CERTIFICATE OF DEATH
51	Registration Dist, No.
Village or City Alewood (No.	St.: Ward) [If death occurred in
	give Its NAME Instead
2FULL NAME Strolly	flow & Shalling of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ASEX 4 COLOR OF RACE SINGLE, MARRIED, MARRIED,	18 DATE OF DEATH 9 2 191
Thuse White Wooden, orojvoraceo (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from 25 1013 to Mek 20 1013
3 28 , 19/3	that I last saw h Wallyon Sept 19 1913
(Month) (Day (Year)	
3 93 1 day,hrs.	and that death occurred on the date stated above, at
TS OCCUPATION 9 OCCUPATION	2 judigentron
(a) Trade, profession, or	Enablely to alyport its food
particular kind of work. (b) General nature of Industry,	death from / starration
business, or establishment in which employed (or employer)	Bottle- Jel (Ouration) yrs mos, ds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF PATHER	(Ouration) yrs mos ds.
1 Addings	(Signed) flexion S. Jeans 100.
OF FATHER OF FATHER (State or country) MANA CASA	(Address) Unionville //
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, SUICIDAL, or Homicidal.
- man	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KHOW EDGE	Where was disease contracted, If not at place of death?
(Interment) W. Stalling.	Former or
Mew Windson MS	19 LACE OF BURIAL OR BENOVAL DATE OF BURIAL
(Address) Lawrence (Address)	Tuiganne Cem. Sept. 22, 1913
Filed191	20 ONDERTAKER ADDRESS
REGISTRAR	W. a. surely Umonville
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, it should be used only when needed. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (4)

lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Examples: Cerebrospinal

> cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. _ State thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond-All the data is essential and must be obtained before

the certificate is permanently filed

BECEIVEL BUREAU, V. S. CCT 2 1913

THOE! BUREAU, V. S. SIGI -- S AON

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in Ward) a hospital or institution. PHYSICIAN RECORD give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PARTICULARS ERMANENT 5 SINGLE, Derigte 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY. That 1 attended deceased from 6 DATE OF BIRTH classified. (Month) (Year) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at 6.30 Pm. P 1 dayhrs. properly BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, supplied pe business, or establishment in may which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) that (Duration) 10 NAME OF (Signed) FATHER 80 P , 191.3. (Address) back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER of inform DEATH See instr of death yrs. - mos / Where was disease contracted. Item OF usual residence. Every item CAUSE OF Important. DATE OF BURIAL (Address 15 20 UNDER m ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12505

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," childbirth or miscarriage. as "Purperal septichae. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." "(Traemia," "Weakness," genital," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthonla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasins); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," etc. (name origin; "Can-State Examples: cause for

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BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX A COLOR OR RACE MARRIED, MARR	Gounty This Suck	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /4/
3 SEX 4 COLOR OR RACE MARRIED, WHOWED, GRADIVENCES (Write the word) B DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than 1 day,hrs. ORmin.?	6 m W	St; Ward) [It death occurred in a hospital or Institution, give its NAME lostead of street and number.]
MARRIED, (Month) (Day) (Year) 8 DATE OF BIRTH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased for the last saw h local alive on the last sated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that death occurred on the date stated above, at fill and that d	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE (Month) (Day) (Year) (A control of the date stated above, at 12 00 The GAUSE OF DEATH* was as follows:	MARRIED, //mw	(Month) (Day) , 1913 (Year)
36 yrs. 8 mos ds. or int.? B OCCUPATION 1 day,hrs. or int.?	3 1877	June 1918, to Stt , 1913,
	36 yrs. 8 mos. ds. 1 day,hrs. ORmin.?	
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (Duration) Contributory (Secondary)	(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employar)	Gontributory(Secondary)
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (Signed) (S	FATHER Legy 2018 my	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDEN.
13 BIRTHPLACE OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENCE) At place of death	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds.
(Intermant) Person of the destroy of the control of	Py	If not at place of death? Former or usual residence.
(Address) Mountainflule Md 19 PLACE OF BURIAL OR REMOVAL 15 Filed Sufat 7, 1913 Sugar Description 191 Registrar A M. Grenger Munitorial V. S. No. 1. If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.	Fijed Sefet 7, 1913 Gray D. Swort REGISTRAR	Mountaindale Med Sept 7., 1913. 30 UNDERTAKER ADDRESS M. Greager Thurwort

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PLACE OF DEATH 12507 STATE OF MARYLAND Very CERTIFICATE OF DEATH County Fredericky SICIANS should OCCUPATION IS Registration Dist. No. Ilt death occurred in PHYSICIANS St.:....Ward) a hospital or Institution. RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT 16 DATE OF DEATH 5 SINGLE. MARRIED, Inarried 3 SEX 4 COLOR OR RACE en, 1913. WIDDWED, (Day) BINDING (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from Exa classified. (Year) (Day) (Month) If LESS than 7 AGE and that death occurred on the date stated above, a C 1 day hrs. The CAUSE OF DEATH * was as follows OR min. ? properly 8 OCCUPATION AGI (a) Trade, profession, or particular kind of work. supplied. (b) General nature of industry, business, or establishment In which employed (or employer) Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF (Signed) FATHER 80 50 MARGIN 23. 191 (Address) terms, n back 11 BIRTHPLACE ARENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place OF MOTHER (State or country) of death _____ yrs. ___ mos. of Inform DEATH State yrs, mos, ds. Where was disease contracted. If not at place of death? Former or OF usual residence Item mportant. OF BURIAL OR REMOVAL DATE OF BURIAL Ш CAUSI 15 20 UNDERTAKER ADDRESS m If more blanks, are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND 12508 CERTIFICATE OF DEATH Registered No. fif death occurred inWard) a hospital or institution. give its NAME instead of street and number. 1 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav ORDIVORCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day If LESS than TAGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE in the At place OF MOTHER of death yrs. mos. State yrs mos ds Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1.5 20 UNDERTAKÉR ADDRESS REGISTRAR

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